

OFFER FOR IOWANS

IDENTIFYING INFORMATION

Offer Identifier: H_588_1

Offer Name: Building Healthy Communities in Iowa

This offer is for a: status quo existing activity and improved existing activity.

Result(s) Addressed: Improve Iowans Health

Participants in the Offer: IDPH, Local Boards of Health, Local Public Health Providers, Health Care Providers, Public and Private Hospitals, Home and Community Based Providers, Centers for Disease Control and Prevention (CDC), University of Iowa, University of Northern Iowa – Youth Fitness and Obesity Institute, Iowa State University Extension, Iowa Broadcasters Association, Iowa Department of Education.

Additional Stakeholders: mental health providers, American Red Cross, community-based prevention and treatment programs, American Heart Association, Area Agencies on Aging, Des Moines Child and Adolescence Guidance Center, Five A Day Coalition of Iowa, Healthy Child Care, Iowa Academy of Family Practice Physicians, Iowa Association of Physical Health Activity, Recreation and Dance, Iowa Dental Association, Iowa Dental Hygienists Association, Iowa Department of Elder Affairs, Iowa Department of Natural Resources, Iowa Department of Transportation, Iowa Dietetic Association, Iowa Fit Kids Coalition, Iowa Food Policy Council, Iowa Fruit and Vegetable Growers Association, Iowa Games, Iowa High School Athletic Association, Iowa Lactation Task Force, Iowa Medical Society, Iowa Nutrition Network, Iowa Partners for Healthy Kids, Iowa Wellness Council, La Clinica, Midwest Dairy Council, Wellmark Blue Cross & Blue Shield, Iowa Hospital Association, YMCA Activate America Project, Iowa Department of Human Services.

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OFFER DESCRIPTION

Building Healthy Communities in Iowa will result in the entire state of Iowa being a healthy community.

A healthy community means:

- **All Iowans *can* lead healthier lives.**
- **Iowa's communities can become healthier places to live.**
- **Healthy kids learn.**
- **A healthy workforce is productive.**
- **A healthy Iowa attracts business.**
- **Healthy aging contributes to productive and quality life for older Iowans and reduces costs.**
- **Success depends on public-private partnerships.**
- **Achieving better health depends on having a strong public health system.**

Building healthy communities in Iowa will not happen by accident or through a single program. Real health improvement will be achieved only through coordinated efforts on many fronts. Healthy communities provide the foundation for all the services that Public Health provides for Iowans. Thus, all IDPH programs are committed to transforming approaches to helping build healthy communities in Iowa.

Building on the success of “Community Empowerment” in Iowa – developing public-private partnerships; getting a cross-section of communities involved; using education, health, and human service collaborations, and reallocating Public Health resources will create healthy communities – healthy places to live, work, and raise a family!

A healthy community approach engages local communities in a visioning process, which includes assessing the present, planning for the future, and evaluating results. The IDPH will provide technical assistance to local boards of health and others to ensure the engagement of a diverse group of community partners, including businesses, not-for-profits, faith-based organizations, and individuals. These local coalitions will, with the assistance of IDPH, identify potential for action to improve their community’s health; share best practices, tools, and other information; actively participate in sustained change; obtain and leverage additional federal and private resources; and generate success stories that will help spread improved health across the state of Iowa.

The long-range goal for Iowa is an integrated public health system, which assures essential services are provided to all Iowans including disadvantaged and vulnerable populations. Simultaneous efforts will continue building public health infrastructure in the state, while also leading and encouraging public health partners to vision, work toward, and achieve *Healthy Communities*. Iowa, functioning as a *Healthy Community*, will create a statewide community network that supports health promotion, prevention, and chronic disease management. The plan is that such strategies and partnerships will energize local communities, including “Great Place” communities, to transform their cultures into those which promote healthy lifestyles and which, collectively, transform the state of Iowa into one healthy community.

Status Quo/Improved Service – Building Healthy Communities in Iowa: Six additional IDPH regional community health consultants will work with local boards of health and public health agencies to build capacity for the healthy communities approach. IDPH will also provide grants to communities to help develop specific actions to become a healthy community. Local boards of health and local communities can identify the specific needs of Iowans that are unique to that community, and by using resources more flexibly can promote health and wellness in the community. Incentives will be built into the grants to encourage and support regional collaborations.

Achieving better health and healthy communities depends on having a strong public health system at both the state and local levels. The department provides support to local boards of health as they fulfill their statutory responsibility to carry out the core public health functions and essential public health services in all 99 counties. Local boards of health assess the health status of their communities and develop a health improvement plan to deal with identified health priorities. Community partners are encouraged to participate in the Community Health Needs Assessment and Health Improvement Plan, bringing to the table their knowledge of the community and expertise regarding health. IDPH assists local boards of health in carrying out the Community Health Needs Assessment and linking their Health Improvement Plan to *Healthy Iowans 2010*, the state of Iowa’s health improvement plan. The department allows local boards of health to use contract funds to support these assessments and the planning process. Regional community health consultants employed by IDPH support the efforts of local boards of health by providing advice on how boards, working with multiple community partners, can meet the needs of their local communities better. The consultants provide advice on how public health funding might be used more efficiently and effectively, reducing duplication and fragmentation in providing local services. Specific IDPH programs provide data and assistance with wellness and chronic disease prevention planning and development.

Building Healthy Communities in Iowa for Our Children

Building healthy communities in Iowa begins with Iowa’s youngest population: children. The IDPH has an essential role in supporting activities that promote healthy growth and development of children. Many

of the department's programs such as immunizations, nutritional education such as "Pick a Better Snack" and WIC, dental health programs, tobacco prevention programs, and primary/preventative screenings and health care contribute toward healthy children as part of a healthy community.

New Service – A Healthy Communities Approach to Youth Fitness and Healthy Nutrition:

Develop partnerships at both the state and community levels to focus on improving the health of youth. Assist communities in launching a "visioning" process to help decide where each community is and where it should go to become a "healthy community." Mobilize communities to address youth fitness and healthy nutrition.

Implement a multicultural, statewide media campaign to increase public awareness of the benefits of physical activity and nutrition on child/adolescent health.

- ◆ Partner with the U of I, College of Public Health to assure a healthy communities approach to improving childhood fitness and healthy nutrition in Iowa communities.
- ◆ Partner with the Iowa Broadcasters Association to show quarterly 1-week messages about physical activity and nutrition.
- ◆ Partner with a public relations agency to develop key project messages and a web site that includes a database of best practices related to physical activity and healthy nutrition.
- ◆ Use multi-media forms to build awareness and promote behavior change including newspapers, video, brochures, electronic mentoring software programs, CD-ROM, DVD, point-of-sale and insert ads, and public events with the Governor and Lt. Governor.
- ◆ Partner with UNI-Youth Fitness and Obesity Institute and ISU Extension to develop a social marketing campaign that is child and family-friendly and that promotes physical activity and nutrition behavior change.

Provide technical assistance to communities to do school/community assessments and plans for improvement.

- ◆ Partner with the Iowa Department of Education to monitor baseline and changes in physical activity and nutrition of students in Iowa schools.
- ◆ Assess the health of Iowa students in grades K through 12.
- ◆ Provide specific interventions online to adults and their children based on the results of these health screenings.

Building Healthy Communities in Iowa for Adults

A healthy community approach continues into adulthood. The department focuses on maintaining health for as long as possible and early prevention and detection of chronic disease. Local public health entities are instrumental in promoting healthy communities with campaigns aimed at reducing the risk of cardiovascular disease or tobacco use. Screenings for acute disease such as high blood pressure or elevated cholesterol, exercise programs and walking paths, nutritional education sessions including weight reduction, adult immunizations, and substance abuse prevention are strategies used by public health providers and community partners in creating a healthy community.

Status Quo Existing Service – Health Promotion and Chronic Disease Prevention: Population-based health services target preventable health concerns, help reduce unnecessary complications and costly interventions, and contribute to "healthy aging" and "healthy communities." The department funds community-driven efforts for health promotion, chronic disease prevention, and behavior change. Funding provides direct screening, the development of health promotion and risk reduction materials, and training for health care professionals. The department certifies organizations that provide diabetes education and researches effective nutrition and physical activity behaviors.

Specific chronic diseases and conditions included in this offer include arthritis, asthma, cancer (breast cancer; cervical cancer; prostate cancer; colorectal cancer), cardiovascular disease (CVD), diabetes,

health literacy, obesity and overweight, and physical inactivity. IDPH partners with local boards of health and local public health providers, along with other health providers and the private sector, to support strategies to promote health and prevent disease. Stakeholders affected by the direct services or education provided include the public, schools, daycare providers, and the Medicaid program.

Building Healthy Communities in Iowa for Seniors

Healthy communities include Iowa's older adults. Communities provide personal health services and home maintenance programs that allow older adults to stay home for as long as possible. Public health is instrumental in helping older adults access these services. By providing direct service or coordinating care, public health identifies health care concerns of older adults and targets interventions to promote a healthier aging process. Preventive services such as flu vaccines, fall prevention programs, home safety evaluations, and foot care clinics aid the older adult in optimal living. Skilled nursing home visits assist in preventing, delaying, or reducing inappropriate institutionalization. Home Care Aide and Homemaker services, respite care, and chore services help the frail elderly maintain good personal hygiene and activities of daily living as well as maintain a safe, clean environment in their home. Protective services stabilize a family's home environment to prevent abuse or neglect.

Status Quo Existing Service – Home and Community Based Services: Public Health Nursing and Home Care Aide contracts provide seniors, adults with disabilities, and those at risk of abuse with safe and quality living options in their own community. All older Iowans are likely to use home and community based services to achieve these results. Public Health Nursing and Home Care Aide contracts seek to prevent, reduce, or delay institutionalization of low income, elderly, and disabled Iowans, prevent illness, and promote healthy communities. Achieving this goal will enhance the quality of life for Iowa's elderly and disabled. Contractors provide necessary public health nursing and home care aide services. IDPH regional community health consultants provide technical assistance and support the local board of health in using Local Public Health Services (LPHS) funding to identify and address needs for home and community based services. On-site reviews at least every three years assure compliance with Iowa Administrative Code 641 Chapters 79 and 80, and monthly reviews of activities assure appropriate use of the funds.

OFFER JUSTIFICATION

Return on Investment: Iowa's \$13,996,108 investment is enhanced by \$8,434,424 in other sources of funding including federal funding, intrastate receipts, and private grants. Allocating more funds to health promotion and early detection efforts helps prevent or delay the onset of chronic disease and decreases the high cost of managing medical needs.

Research studies have shown that obesity increases the risk of developing a number of health problems including diabetes, high blood pressure, heart disease, stroke, some types of cancer, gall bladder-disease, osteoarthritis, and obstructive sleep apnea. Overweight and obesity and their associated health problems have a significant economic impact on the health care system. Direct medical costs may include preventive, diagnostic, and treatment services. Indirect costs relate to the value of income lost from decreased productivity, restricted activity, absenteeism, bed days, and premature death. The cost of obesity has been estimated at \$783 million annually for the state of Iowa.¹ Approximately, 9.4% (\$198M) of Iowa's Medicaid costs are directly related to obesity. Thus, preventing overweight and obesity and their associated health problems would provide hundreds of millions in savings to Iowa businesses, government, and individuals.

In Iowa, most health promotion and chronic disease programs are federally funded. Most require matching funds as a part of the total program award. State-allocated funding for the Medicaid program used for the detection and management of chronic diseases is reported to the CDC as matching funds. Each local nutrition coalition also provides a 50% in-kind match for federal funding. The Breast and

Cervical Cancer Early Detection Program reports the state's portion of Medicaid spending for the early detection of breast and cervical cancers as matching funds allowing Iowa to draw federal funding for that program. Similarly, the "Well-Integrated Screening and Evaluation for Women Across the Nation" cardiovascular study reports the state's portion of funds spent on the detection of cardiovascular disease in low-income women as matching funds allowing that study to use federal funds. The Diabetes Prevention and Control program, through its certification process, allows outpatient diabetes education programs to bill for third party reimbursement for diabetes education.

Cardiovascular disease (CVD) risk-reduction programs are cost-effective. A typical program can expect to provide \$1.21 to \$3.29 in benefits from reduced medical costs for every \$1 in costs.¹ Other programs focused on improving behaviors that reduce the risk for CVD disease, cancer, and diabetes range from \$1.49 to \$4.91 (median of \$3.14) in benefits for every dollar spent on the program.² These programs improve employee health, increase productivity, and yield a significant return on investment for the employer.

Home and community based service providers initially access third party payer sources such as Medicare, Medicaid, and private insurance. Those Iowans who do not have access to other funding use grant funds as a last resort to "fill the gap." In FY04, the grant served over 67,000 Iowans, generated over \$1.3 million in sliding-fee-scale income, and expanded service by 13%.

Local public health service (LPHS) funds pay for only a part of the cost of community health needs assessments. Community partners contribute their time and other available resources, such as meals and meeting space. Some community partners may contribute money toward the cost of a community survey, or toward the cost of providing and evaluating a new service in the community. LPHS funds spent toward the community health needs assessments result in communities planning and dealing with priority health problems. While LPHS funding does not directly generate funding, the community health needs assessment is a valuable tool that can be used to generate federal grant funds by proving unmet community needs.

Disparate and at risk/vulnerable populations: All Iowans will benefit from these services with a special focus on children and their families especially Hispanics, American Indians, and African Americans who are more likely to be overweight. Specific efforts also target the following special populations: multicultural and rural populations; Iowans who have asthma including children, their families, educators, and caregivers; Iowans who are underinsured and uninsured; women; adolescent girls age 12 and older; Iowans with low to moderate household incomes (up to 250% of the Federal Poverty Guidelines for some programs); community-based organizations; elderly; disabled; persons at risk of abuse and/or neglect; health care professionals; domestic violence counselors; professional associations, regulatory boards, human resource and training professionals, and advocates for dependent abuse and/or child abuse prevention.

The Comprehensive Cancer Control Program includes children in its focus on cancer prevention with projects targeting obesity, sun exposure to prevent skin cancer, and nicotine use. Home and community based services are provided to children through nursing services and home care aide services (including protective services to children at risk of abuse or neglect). Community health needs assessments gauge health needs for populations of all ages, including infants and children. The health improvement plan is developed to address identified problems. Through these services, qualified health care professionals and health care facilities are able to provide services to children in Iowa.

Impact on Iowans: All Iowans are at risk for overweight and obesity. In 2002, 61% of Iowa adults were overweight or obese (CDC-BRFSS). Also in 2002, 23% of non-Hispanic white adults, 25% of non-Hispanic black adults, and 25% of Hispanic adults in Iowa were obese (CDC-BRFSS). The obesity rate

for Iowa adults increased 79% from 1990 to 2002 (CDC-BRFSS). Thirty percent of low-income children aged 2–5 years in Iowa were overweight or at risk of becoming overweight (CDC-PedNSS, 2002). In 2003, 11.6% of Iowa WIC children ages 1-5 years were above the 95 percentile for weight for height (37,000 children).

While youth have lower prevalence than adults, the risk of living with a chronic disease in adulthood increases when onset begins at younger ages. Risk factors for heart disease, such as high cholesterol and high blood pressure, occur more often in overweight children and adolescents than in children with a healthy weight. Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents. Overweight and obesity are closely linked to type 2 diabetes. Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese. The most immediate consequence of overweight, as perceived by the children themselves, is social discrimination. This is linked with poor self-esteem and depression.

Overweight in children and adolescents is generally caused by a lack of physical activity, unhealthy eating patterns, or a combination of the two, with genetics and lifestyle also playing important roles in determining a child's weight. Our society has become very sedentary. Television, computer, and video games contribute to children's inactive lifestyles. Forty-three percent of adolescents watch more than 2 hours of television each day. Children, especially girls, become less active as they move through adolescence. Thus, youth are an important target for intervention. Moderate lifestyle changes have been shown to improve health indicators. Keeping Iowans physically active at all ages and eating better (more whole grains and fruits and vegetables, lower consumption of foods high in fat, sodium and sugar) will improve productivity, health, and lower health care costs.

In 1999, as it became apparent that obesity was becoming a major health concern, IDPH established a Health Promotion Team to align the activities of various parts of the department that address nutrition, physical activity, weight reduction, and disease prevention. With funding from CDC, the Iowa Physical Lifestyle and Nutrition Initiative will be established through the Division of Health Promotion and Chronic Disease Prevention and the Bureau of Nutrition and Health Promotion. Additional private partners will be identified to ensure diversity. Many existing IDPH programs deal with nutrition health and obesity prevention:

- Mini-grants have been made to seven Iowa communities to develop, implement, evaluate, and institutionalize intervention strategies.
- A *5 + 5 Manual* was developed to provide guidance for community efforts to encourage people to eat at least five fruits and vegetables a day and be physically active at least five times a week.
- *Lighten Up Iowa* is a 5-month statewide competition started in 2003 in which more than 1,300 10-person teams of adults compete to lose weight through healthy eating and physical activity.
- *The Prevention of Child and Adolescent Obesity in Iowa* report was completed.
- Pick a **better** snack™ is a social marketing campaign using media and classroom materials to increase children's fruit and vegetable consumption.
- A Health Promotion Team Summit on overweight/obesity and physical inactivity was held.
- A program to distribute free fruits and vegetables to schools is being pilot tested in 53 schools.

Cardiovascular disease was the leading cause of death for Iowans in 2001, with deaths from heart disease and stroke accounting for 38% of all deaths. Heart disease death rates are 62% higher for men than women. Stroke death rates are 52% higher for Hispanics and 43% higher for blacks than whites. Cancer is the second leading cause of death in Iowa. It accounts for 25% of deaths in the state. The American

Cancer Society estimates that 15,940 Iowans will be diagnosed with cancer in 2004 and 6,570 will die. Spending for health promotion and chronic disease prevention and management helps teach Iowans about their risk of developing or being diagnosed and the benefits of behavior-change to prevent or slow the development of a chronic disease. Iowans who are uninsured or underinsured can get low or no-cost screenings for breast and cervical cancers and cardiovascular disease. Individuals and organizations across the state benefit as members of the public health system while providing or receiving more coordinated chronic disease-related care and services. Nutrition education to food assistance-eligible families, including seniors, improves health status. The IDPH chronic disease programs funded by the federal government operate under the guidance and direction of the CDC, which bases its programming on evidence-based practices. Routine screening detects disease at its earliest stages, stages at which the cost of treatment is much lower and the disease is most curable. Educating the public, health care professionals, educators, and caregivers is a key part of preventing the development and advancement of chronic disease. By providing screening services for breast and cervical cancers, underinsured and uninsured women in Iowa are able to receive cancer screenings as often as their peers with insurance. Women screened and diagnosed with a precancerous or cancerous lesion through the Breast and Cervical Cancer Early Detection Program are eligible for treatment under a Medicaid optional waiver program. Chronic disease education reduces complications and the progression of these diseases.

Public Health Nursing and Home Care Aide provided services to over 12,500 clients in 2003. Overall, this includes over 720,000 hours of home care aide services and over 38,000 visits by public health nursing. Public Health Nursing Home Aide grants promote home and community based services, improve access to long-term care options, and help to improve the quality of life for the elderly and disabled. This helps make Iowa an attractive state in which to age in place. The number of low-income clients who received nursing and home care aide home services was 8995 in FY04. These services reduced, delayed, or prevented institutionalization for 8702 Iowans. In most cases, home and community based services can care for people in their own homes more efficiently than an institution and with greater personal satisfaction. When a person can stay at home with occasional care, it is cheaper to provide that care at home, preventing institutionalization that may have to be financed with public funds.

PERFORMANCE MEASUREMENT AND TARGET

Percent of Iowans rating their own health at good to excellent: Baseline 88% in 2003. Target 88%.

Percent of local boards of health who have completed a community health needs assessment and health improvement plan that links to Healthy Iowans 2010. Baseline established in 2000 – 85%. Target – 100%.

Percent of local boards of health who have identified public and private funds to support a plan that includes strategies to “build a healthy community”. Baseline to be established in FY2006. Target – 30%.

Percent of children and youth with a BMI \geq 95th percentile for age: Baseline established in FY06.

Percent of Iowa adults eating five fruits and vegetables a day: Baseline 17.1% in 2003. Target 19.8%.

Percent of Iowa adults participating in moderate physical activities for 30 minutes or more five or more times/week: Baseline 43.6% in 2003. Target 44.7%.

Percent of Iowa adults with a BMI > 25: Baseline 61.6% in 2003. Target – 58%.

Deaths due to heart disease per 100,000 population: Baseline 278.3 in 2002. Target – 242.0 by 2010.

Deaths due to cancer per 100,000 population: Baseline 2000-2002 – 188.5. Target – 173.0 by 2010.

Number of facilities certified to provide diabetes education to Medicaid clients: Baseline 82 in 2004. Target – 82.

Percent of eligible women screened for breast cancers and cervical cancers: Baseline – 26.3% in 2000-2001. Target – 25% (due to decreased federal funding).

Percent of home care aide clients where access to care has delayed, reduced, or prevented institutionalization: Baseline 96.7% in FY2004. Target – maintain at least 92%.

PRICE AND REVENUE SOURCE

Total Price: \$22,430,532 (\$13,996,108 state)

Expense Description	Amount of Expense	FTEs
Status Quo Direct Costs (including \$951,680 reallocated)	19,904,029	39.35
Status Quo Administrative Costs	767,692	6.00
New Service Direct Costs	1,684,854	4.00
New Service Administrative Costs	73,957	0.61
Total	22,430,532	49.96

Revenue Description	Amount
Status Quo General Fund	11,417,034
Status Quo Tobacco Fund	1,157,482
New Service General Fund	1,421,592
Total State Funds	13,996,108
Other (intrastate receipts, private grants, etc.)	1,387,624
Federal Funds	7,046,800
Total Other Sources of Funding	8,434,424
Total	22,430,532

REFERENCES

¹ Centers for Disease Control and Prevention. Chronic Disease Notes & Reports. Vol. 17(1). Fall 2004.

² US Dept of Health and Human Services. Prevention Makes Common “Cents”. Washington, DC. September 2003.

“Public health should be as fully organized and as universally incorporated into our governmental system as is public education. The returns are a thousand fold in economic benefits, and infinitely more in reduction of suffering and promotion of human happiness.”

– Herbert Hoover, inaugural address March 4, 1929